

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17799

State File No.

Registrar's No.

FILED JUN 11 1943

Registration District No.

Primary Registration District No.

5426

14

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Gray Summit, Boles Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway #50
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 67 yrs.
years, months or days)

3. (a) PRINT
FULL NAMESulu Ries,

3. (b) If veteran,
name war none

3. (c) Social Security
No. none

4. Sex Female 5. Color or
race white 6. (a) Single, widowed, married,
divorced single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased Jan. 25, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>3</u>	<u>14</u>	hr. min.

9. Birthplace Gray Summit, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework,

11. Industry or business Own home,

12. Name Henry F. Ries,

13. Birthplace Germany,
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Berthold,

15. Birthplace Germany,
(City, town, or county) (State or foreign country)

16. (a) Informant Emily Ries,

(b) Address Gray Summit, Mo.

17. (a) Burial (b) Date thereof May 11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Pacific, Mo.

18. (a) Signature of funeral director Schnader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) 5/10/43 (b) Glauche Pletcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin,
(c) City or town Gray Summit,
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #50.
(If rural, give location)
(e) Citizen of foreign country no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 9,
year 1943 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from
Apr 1st 1943 to May 8 1943
that I last saw him alive on May 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Phlebotomy
Due to arteriosclerosis

Due to arteriosclerosis

Due to arteriosclerosis

Due to arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 830

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature McNay (M. D. or other)

Address Pacific, Mo. Date signed 5-10-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Theo. Schrader

Licensed Embalmer No. *3066*

P. O. Address *Ballerwin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.